



PATENT
Attorney Docket No. HES-003CP2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTORS: Bergeron et al ASSIGNEE: HealthEdge Inc.
SERIAL NO.: 10/656,933 FILED: 5-Sep-2003
TITLE: Processing Transactions Using a Semantic Network

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST
REVOCATION OF PRIOR POWERS AND NEW POWER OF ATTORNEY

Sir:

As an authorized representative of the assignee of record of the entire right, title, and interest in the above-identified patent application, I hereby revoke all powers of attorney previously given and hereby appoint the registered patent practitioners associated with Customer Number 051414 to prosecute and transact all business in the U.S. Patent and Trademark Office connected therewith.

Please direct all correspondence for the above-identified patent application to the address associated with the above Customer Number.


The assignee of record of the entire right, title, and interest in the above-identified patent application is HealthEdge Inc., by virtue of the chain of title from the inventors of the above-identified patent application to the current assignee, as shown below.

From Bergeron et al. to DENOVIS INC., recorded in the U.S. Patent and Trademark Office on June 22, 2004, at Reel No. 014762, Frame No. 0166; and

From DENOVIS to HEALTHEDGE INC., recorded in the U.S. Patent and Trademark Office on January 13, 2005, at Reel No. 015564, Frame No. 0223.

Respectfully submitted,

Dated: February 8, 2006



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PATENT
Attorney Docket No. HES-003CP2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Bergeron *et al.*
SERIAL NUMBER: 10/656,933 ART UNIT: 3629
FILING DATE: September 5, 2003 EXAMINER: Thai, Cang G.
TITLE: Processing Transactions Using a Semantic Network

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 13th day of February, 2006.

Lea R. Jayme

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Executed Power of Attorney by Assignee/Revocation of Prior Powers (1 page); and
3. Return receipt postcard.



TRANSMITTAL FORM

Application Serial Number	10/656,933
Filing Date	September 5, 2003
First Named Inventor	Bergeron
Group Art Unit	3629
Examiner Name	Thai, Cang G.
Attorney Docket No.	HES-003CP2
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Change of Correspondence Address
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<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

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Respectfully submitted,

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